4-11-14

Identification #

FECTIVED IS

2016 APR 19 AM 11:58

Ferral Election Commission 999 E Street, N.W.

Washington, D.C. 20463

attN: Laura Sinram

Draz Ms. Sinram,

Per your Correspondence as information. Please Firs the consussation. Please Firs the FEC FORM I with the bunizing information FOR INPACT, our assigned EIN # is 81-2138232. Please can ME if additional information is needed. My can phone Jumber is 317-590-6985.

Singerely, Carl BZ:22:

~0HG : 04 : HO : 0M : 0006047M

FEC FORM 3X

Office

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 APR 19 AM 11:58

FEC FORM 3X

Rev. 12/2004

_								0.1100 000	. O	
1.	NAME OF COMMITTE	E (in full)	TYPE OR PF	RINT ▼	Example: If tylover the lines.		12FE4	M5		
Ļ	FN I	PAG	<u></u>					<u></u>		
L	1416	5010	7/114	K10191	<u> </u>	HCI/	000	T 12-13	<u> </u>	
ADE	ORESS (num	ber and street)		4.4.4.4.4.4.4				لللب		
•	than pr	if different eviously d. (ACC)	Hi	sher	S		IEN	440	37-	
2.	FEC IDEN	TIFICATION NU	MBER ▼	CITY	′ ▲	:	STATE A		ZIP CO	DE A
	C 00	6097	19	3. IS RI	THIS EPORT	NEW (N) OR	- (·	AMENDED (A)		
4.	TYPE OF (Choose On		(b) Monti Repo Due (nt i≟ai On: ran	20 (M2)	May 20 (M5)	54 (242)	ug 20 (M8) ep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
	(a) Quarter	ly Reports:		ಘಟೆ ಉ≕ು			Committy Committy		(F-2)	(Non-Election Year Only)
	Qi Ju	oril 15 Jarterly Report (C ly 15 Jarterly Report (C	(c)	Apr 2 12-Day PRE-Election	20 (M4) Primary (1	ts	Gener	ct 20 (M10) ——————al (12G)		Jan 31 (YE) Runoff (12R)
	Oc Qu	ctober 15 uarterly Report (C		Report for the:	Convention	t.	Special Specia	al (12S)	in the	چ نشی شد ر او
	. . . Ye	nuary 31 ear-End Report (Y	E)	Election	on	t and the first	<u>**+#3%#8</u>		State of	أحدا
	Re	ly 31 Mid-Year eport (Non-electio ear Only) (MY)	n	30-Day POST-Election Report for the:	General (3	0G)	Runof	f (30A)		Special (30S)
		rmination Report ER)		Election		/ (To - o - 1 /)		Ÿ	in the State of	f Leave 1
5.	Covering Po			15-07-1 5. ALLALA				2.		
l ce	rtify that I ha	ave examined th	is Report an	$\boldsymbol{\wedge}$	my knowledge an		ue, correct	and complet	e.	
Тур	e or Print Na	ame of Treasure	r ———	CazL	J. Bri	221				
Sigr	nature of Tre	easurer	(4				Date 0	7/1	\$	2016
NO	TE: Submissi	on of false, erron	eous, or inco	mplete information	may subject the p	erson signing t	his Report to	o the penaltic	s of 52	U.S.C. § 30109.

2046 : 04 : 10 : 0M : 000668424

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write	or Type	Committee	Name

INPAC

Report Covering the Period:

From:

03 31 2016

-		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, Zolum		72.4.4.2.2.4.2.4.2.4.2.4.2.4.2.4.2.4.2.4
	(b) Cash on Hand at Beginning of Reporting Period		
	(c) Total Receipts (from Line 19)		7
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		
7.	Total Disbursements (from Line 31))
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

2016 - 04 : 19: 0M: 00068425

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 02/2003)

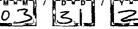
Write or Type Committee Name

Report Covering the Period:

From:



To:



I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)		
(ii) Unitemized	<u> </u>	
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)		N N 423 N N 433 N D 4721
(b) Political Party Committees		1 1 432 B 1 433 B 1 433 B
(c) Other Political Committees		
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other		
Party Committees		
Tary Commission		[
13. All Loans Received		
70. 711 Louis Floorives		
	hand the control of t	
14. Loan Repayments Received		
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees		
17. Other Federal Receipts		
(Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Fu	nds	
(a) Non-Federal Account		\$
(from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(b) Lovin i and (nom conduct in) imm		
(c) Total Transfers (add 18(a) and 18(b)).		
(c) Total Transiers (and Total and Total).		Land of the state
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))		
12, 10, 17, 10, 10, 17, and 10(0)/	the same of the sa	
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A	COLUMN B
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total This Period	Calendar Year-to-Date
	Activity (from Schedule H4)		
	(i) Federal Share		(
	(ii) Non-Federal Share		N A 513 A 4 513 A A 613 A
	(b) Other Federal Operating		
	Expenditures	\mathcal{L}	
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		
22.	Transfers to Affiliated/Other Party		
	Committees		
23.	Contributions to Federal Candidates/Committees		
	and Other Political Committees		
24.	Independent Expenditures		
	(use Schedule E)		
25.	Coordinated Party Expenditures		
	(52 U.S.C. § 30116(d)) (use Schedule F)		
	(455 561-550)		
26	Loan Repayments Made		
20.	Loan Hopaymonto Mado		
27	Loans Made		
28.	Refunds of Contributions To:		
	(a) Individuals/Persons Other		
	Than Political Committees		
	(h) Delision Dest. Committees		
	(b) Political Party Committees	(\)	
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
	(466 25/65 25/4); (5); 4/14 (5);		
20	Other Disbursements		
23.	Other Disbursements		
30.	Federal Election Activity (52 U.S.C. § 30101	(20))	
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	I	
	(,		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
	Lines solastis, solastis and solassis		
31.	Total Disbursements (add Lines 21(c), 22,		
-	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
32	Total Federal Disbursements		
J	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		
		`	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
oporating Experience					
3. Total Contributions (other than loans)					
(from Line 11(d), page 3)					
4. Total Contribution Refunds					
(from Line 28(d))					
5. Net Contributions (other than loans)					
(subtract Line 34 from Line 33)					
6. Total Federal Operating Expenditures					
(add Line 21(a)(i) and Line 21(b))▶					
7. Offsets to Operating Expenditures					
(from Line 15, page 3)		l			
8. Net Operating Expenditures					
(subtract Line 37 from Line 36)					

2016 6
0 4
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00068428

SCHEDULE A (FEC Form 3X)	lla- and a second	FOR LINE NUMBER: PAGE OF							
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)							
``	Detailed Summary Page	11a 11b 11c 12							
Any information copied from such Reports and Statements	may not be sold or used by any s	13 14 15 16 17							
or for commercial purposes, other than using the name an	id address of any political committe	e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)									
\rangle									
									
Full Name (Last, First, Middle Initial) A.		Date of Recoipt							
Mailing Address		Date of Receipt							
\									
City State	Zip Code								
		Amount of Each Receipt this Period							
FEC ID number of contributing		[[]							
federal political committee.		<u>Lucususususususususususususususususususu</u>							
Name of Employer Occupa	tion	Memo Item							
		F.==21							
Receipt For: Aggreg	ate Year-to-Date ▼	\neg							
Primary General		n							
Other (specify) ▼]							
Full Mana (Lank Flank Middle Land)									
Full Name (Last, First, Middle Initial) B.		Date of Receipt							
Mailing Address	<u></u>								
		M. W. Y. C.							
City State	Zip Code								
		Amount of Each Receipt this Period							
FEC ID number of contributing	*								
federal political committee.	المحمدا								
Name of Employer Occupa	tion	Memo Item							
	\	<u></u>							
Receipt For: Aggreg	ate Year-to-Date								
Primary General	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7							
Other (specify) ▼	. <u> </u>	J							
Full Name (Leat First Middle Intain)									
Full Name (Last, First, Middle Initial) C.		Date of Receipt							
Mailing Address		["M¬M¬ / ["D¬"D¬ / ["V¬"V¬"V¬"V¬"							
City State	Zip Code								
		Amount of Each Receipt this Period							
FEC ID number of contributing	<u> </u>								
federal political committee.									
Name of Employer Occupa	tion	Memo Item							
		_/\ _							
	ate Year-to-Date ▼								
Primary General Other (specify)	<u> </u>	7 \							
Other (specify)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	J \							
SUBTOTAL of Receipts This Page (optional)	1								
3 (
TOTAL This Period (last page this line number only)									

2 0 1 6
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9
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00068429

SCHEDULE B (FEC Form 3X)	<u> </u>	FOR	FOR LINE NUMBER: PAGE						OF			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		k only o	y one)								
	Detailed Summary Page		21b 27	22 28a	\vdash	23 28b	24 28c		25 29	301		
Any information copied from such Reports and Sta	tements may not be sold or user	d by any	<u> </u>		لــــــــــــــــــــــــــــــــــــ		44		1			
or for commercial purposes, other than using the r	name and address of any politica	d commit	ttee to s	solicit cor	ntrib	utions	from su	ich co	ommit	lee.		
NAME OF COMMITTEE (In Full)												
Full Name (Last, First, Middle Initial)					_							
A .]	Date of	Dis							
Mailing Address		- CALALAN (COROL) WILLIAM										
												
City	State Zip Code				_		_					
Purpose of Disbursement		hr aciant										
Condition No.		<u> </u>		Amount	of	Each	Disburse	ement	t this	Period		
Candidate Name	,	Categor Type					<u>~</u>					
Office Sought: House Disbut	sement For:	ype						-		<u> </u>		
Senate	Primary General			L M	emo	ltem						
State: District:	Other (specify) ▼											
Full Name (Last, First, Middle Initial)			-+									
В.				Date of	Dis	sburse	ment					
Mailing Address				(May / 1828) / AAAAAA								
maining Address	Mailing Address							_	_	السد		
City	State Zip Code											
Purpose of Disbursement		7										
				Amount of Each Disbursement this Perio					Period			
Candidate Name	7	Catego			-							
Office Sought: House Disbur	sement For:	Туре		<u></u>		<u> </u>				أجيد		
Senate	Primary General			U M∙	ome) Item						
President State: District:	Other (specify)	/										
Full Name (Last, First, Middle Initial)			\leftarrow									
C.				Date of	Dis	sburse	ment					
Mailing Address			\	M & W.	7	D	P / F	~~ ~	1	~		
Mailing Address				/	1	<u> </u>				ألحب		
City	State Zip Code		$\neg \uparrow$	\								
Purpose of Disbursement				\								
•				Amount	1 d f	Each	Disburse	ement	t this	Period		
Candidate Name	ory/		<u>~</u>	/		<u> </u>	-					
Office Sought: House Disbut	rsement For:	Туре	<u>"—</u>		-	47 <u>E</u> - A			A - 2			
Senate [Primary General			Me	emo	Item	\					
President State: District:	Other (specify) ▼						\					
State: District:					_							
SUBTOTAL of Disbursements This Page (optional	u)		. ▶		<u></u>	£12.		سىي. ماسا	استسن			
 	<u> </u>		<u> </u>		~	- 1				=		
TOTAL This Period (last page this line number o	nly)		🕨	L	٠	_9:/\						

SCHEDULE C (FEC Form 3X)						
LOANS		Use separate schedule(s)	PAGE OF			
		for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X			
NAME OF COMMITTEE (In Full)						
NAME OF COMMITTEE (III Full)						
LOAN SOURCE Full Name (Last, First,	Middle Initial)	☐ Memo Item El	ection:			
		-	Primary			
Mailing Address			General Other (specify) ▼			
Mailing Address		-	_ Other (specify) •			
City	State ZIP C	ode				
Original Amount of Loan	Cumulative Payment T	o Date Balance	Outstanding at Close of This Period			
- Light Spirit grands and a spirit and a spi						
1. a to alliandon to alliandon to the		<u> </u>				
Date Incurred	Date Du	e Interest Rate	Secured:			
			% (apr)YesNo			
List All Endorsers or Guarantors (if an	v) to Loan Source					
1. Full Name (Last, First, Middle Initial)	× (************************************	Name of Employer				
Mailing Address		Occupation				
City State	e ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer				
		Traine of Employor				
Mailing Address		Occupation				
		Amount				
City State	e ZIP Code	Gyaranteed				
		Outstanding:				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
_						
Cit.	710 0 4	Amount Guaranteed	· · · · · · · · · · · · · · · · · · ·			
City State	e ZIP Code	Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
		Amount				
City State	e ZIP Code	Guaranteed Outstanding:	A 120 A 100 A			
		<u> </u>				
SUBTOTALS This Period This Page (option	nal)					
TOURS THIS TENDO THIS Page (Option		(me)				
TOTALS This Period (last page in this line	only)					
Carry outstanding balance only to LINE 3,	Schedule D, for this line.	If no Schedule D, carry forward	to appropriate line of Summary.			

SCHEDULE C-1 (FEC Form 3X)	Supplementary for							
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS Information found on Page of Schedule								
Federal Election Commission, Washington, D.C. 20463	. ago or concerns o							
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER							
LENDING INSTITUTION (LENDER)	Amount of Loan Interest Rate (APR)							
Full Name	%							
Mailing Address	Date Incurred or Established							
City State Zip Code	Date Due							
A. Has loan been restructured? No Yes	If yes, date originally incurred							
B. If line of credit, Amount of this Draw:	Total Outstanding Balance:							
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? ast be reported on Schedule C.)							
D. Are any of the following pledged as collateral for the flag property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other. No Yes If yes, specify:	deposit, chattel papers,							
	interest in it? No Yes							
E. Are any future contributions or future receipts of intelection collateral for the loan? No Yes If yes, s	Titlat is the solution raise.							
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	location of account:							
Date account established:	Address:							
	City, State, Zip:							
F. If neither of the types of collateral described above wathe loan amount, state the basis upon which this loan	s pledged for this loan, or if the amount pledged does not equal or exceed was made and the basis on which it assures repayment.							
G. COMMITTEE TREASURER	DATE							
Typed Name Signature								
H. Attach a signed copy of the loan agreement.								
are accurate as stated above.	rms of the loan and other information regarding the extension of the loan							
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthingss. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. 								
AUTHORIZED REPRESENTATIVE	DATE							
Typed Name Signature Tit	le May 1 Dag 1							

SCHEDULE D (FEC Form 3X)	(Use separate	PAGE OF
DEBTS AND OBLIGATIONS	schedule(s)	FOR LINE NUMBER:
excluding Loans	for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)	<u> </u>	└────────────────────────────────────
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	Pebt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Perio
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	Pebt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Period		ng Balance at Close of This Perio
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of D	Debt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period	\	
Amount Incurred This Period Payment This Period	Outstandi	ng Balance at Close of This Perio
1) SUBTOTALS This Period This Page (optional)		
2) TOTALS This Period (last page this line number only)		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	>	27)
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page or	nly) ▶	

CHEDULE E (FEC Form 3X)				
EMIZED INDEPENDENT EXPENDIT	UKES			PAGE OF FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
				C
neck if 24-hour report 48-hour rep	ort New rep	port Amends repo	rt filed or	1
Full Name of Payee		☐ Memo	ltem [Date of Public Distribution/Dissemination
		 		M = M , D = D , Y = Y = Y Y Y
Mailing Address			/	Amount
City	State	Zip Code		
Purpose of Expenditure				Date of Disbursement or Obligation
A STATE OF ENDINANCE		Category/ Type		May , Dag , Agadad
Name of Federal Candidate	\	Support	Office S	Sought: House District:
	\	Oppose	ПР	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	- V V V	Disburs	ement For: Primary General
		☐ Memo	Itom	Other (specify)
Full Name of Payee		IMEIIIO	item	Date of Public Distribution/Dissemination
Mailing Address				
•				Amount
City	State	Zip Code		
				Date of Disbursement or Obligation
Purpose of Expenditure	\	Category/ Type		MAM , BAD , AAAAAA
Name of Federal Candidate		Support	Office S	
		Oppose	 -	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	-111		Disbuis	Other (specify)
(a) SUBTOTAL of Itemized Independent Exp	penditures	·····/	. •	
(b) SUBTOTAL of Uniternized Independent I	Evnanditures	\	7	
(b) 300 TOTAL OF ORRESTRIZED INDEPENDENT			• •	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorize			
		_	Park/Park	<u> </u>
Signature		Date	·	

SCHEDULE F (FEC Form 3X)

BEHALF OF CANDIDATES	FOR FED	ERAL OFFIC	E		PAGE	OF
\ (To I	be used only	by Political Com	mittees in the Gene	eral Election)	FOR LI	NE 25 OF FORM
IE OF COMMITTEE (TO FUII)						Check if 24-hour notice
your committee been designated to maidinated expenditures by a political party YES NO		Full Name of Sul	pordinate Committee			
ES, name the designating committee:	:	Mailing Address				
	!	City		Sta	te	ZIP Code
Full Name (Last, First, Middle Initial) of	Each Payee		☐ Memo Item	Purpose of Expe	enditure	Catego
Mailing Address				Date		Туре
City	State	Zip Code		[[]	o v b /	Y W Y W Y Y Y
Name of Federal Candidate Supported	Office Sough	t: House Senate Presidentia	State:	Amount	- 	Y V Y Y
Aggregate General Election Expenditure for this Candidate ▶	~~~~\ ~~~~	\ <u></u>		0		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Full Name (Last, First, Middle Initial) of	Each Payee		☐ Memo Item	Purpose of Expe	enditure	Catego
Mailing Address				Date	 	Туре
Dity	State	Zip Code			/	~ ~ ~ ~ ~ ~
Name of Federal Candidate Supported	Office Sough	t: House Senate Presidentia	State:	Amount	- V	V V V
Aggregate General Election Expenditure for this Candidate ▶	_^			B		<u> </u>
Full Name (Last, First, Middle Initial) of	Each Payee		Memo Item	Purpose of Expe	enditure	Catego
Mailing Address				Date		Тур
City	State	Zip Code		WYW / F	/ (0 40	Y
Name of Federal Candidate Supported	Office Sough	House Senate Presidentia	State: _\ District: _\	Amount		1) 2 - A - A - 27 2 - 3
Aggregate General Election Expenditure for this Candidate ▶		- 433- A - A		\		
				-		7 7 7

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
\ USE ONLY ONE SECTION, A or B
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Vear (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

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New

Revised

SCHEDULE H2 (FEC Form 3X) PAGE OF **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT **ACTIVITIES APPEARING ON THIS REPORT.** Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. **ACTIVITY OR EVENT IDENTIFIER FEDERAL %** NONFEDERAL % **ACTIVITY IS:** Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % **FEDERAL % ACTIVITY IS:** Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** NONFEDERAL % FEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Same as Previously Reported New Revised **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Same as Previously Reported Revised New **ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL %** ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Same as Previously Reported New Revised **ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL %** ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS:

Same as Previously Reported

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TRANSFERS FROM NONFEDERAL AGAILOCATED FEDERAL / NONFEDERAL		PAGE OF FOR LINE 18a OF FORM 3X
NAME OF COMMITTEE (In Full)		p on the local or a sum or
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVED		
i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event lo	dentifier)	
a)	— \	<u></u>
b)		
c) Total Amount Transferred For Direct Fund	draising	
v) Direct Candidate Support (List Activity or	Event Identifier)	
a)		
a)		
b)		
c) Total Amount Transferred For Direct Can	didate Support	
c) lotal Amount Transferred For Direct Carr	duate Support	
vi) Public Communications Referring Only to	o Party (Made by PAC)	<u>_</u>
TOTALS	FOR BREAKDOWN OF TRANSFER RE	CEIVED
TOTAL This Period (Administrative)	2.	
TOTAL This Period (Generic Voter Drive)		
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		72
TOTAL This Period (Direct Candidate Support)		27.
TOTAL This Period (Public Communications Referri	ng Only to Party)	
TOTAL This Period (Total Amount Transferred)		

FEC Schedule H3 (Form 3X) Rev. 12/2004

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SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	OF		
FOR LINE	21a OF	FORM	зх

Ā.	Full Name (Last, First, Middle Initial)	☐ Memo Item	Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt
	City State Zip C	nde	Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
			Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		A A CO A A CO A
	Activity or Event Identifier:	Category/	
		Туре	Date
	FEDERAL SHARE + NONFED	ERAL SHARE	= TOTAL AMOUNT
		- 57) A A 34) A	
В.	Full Name (Last, First, Middle Initial)	☐ Memo Item	Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt
			Voter Drive Direct Candidate Support
	City State Zip C	ode	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		Allocated Activity of Event Teal-10-Date
	Activity or Event Identifier:		
		Category/ Type	Date Date
	· · · · · · · · · · · · · · · · · · ·	ERAL SHARE	= TOTAL AMOUNT
		-(1)\(\)	
c.	Full Name (Last, First, Middle Initial)	☐ Memo Item	Allocated Activity or Event:
	<u></u>		Administrative Fundraising Exempt
	Mailing Address		Division Date to Describe Constitution of the
		Ode	Voter Drive Direct Candidate Support
	Mailing Address City State Zip C	ode	Public Comm (ref to party only) by PAC
		ode	
	City State Zip C		Public Comm (ref to party only) by PAC
	City State Zip C Purpose of Disbursement:	<u></u>	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	City State Zip C Purpose of Disbursement: Activity or Event Identifier:	O _{ategory} /	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	City State Zip C Purpose of Disbursement: Activity or Event Identifier:	Category/ Type	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
SI	City State Zip C Purpose of Disbursement: Activity or Event Identifier:	Category/ Type	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
SI	City State Zip C Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE + NONFED UBTOTAL of Allocated Federal and NonFederal Activity This Page	Category/ Type	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	City State Zip C Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE + NONFED UBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFED	Category/ Type ERAL SHARE	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT
	City State Zip C Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE + NONFED UBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFED OTAL This Period (last page for each line only)(Federal share to 21(a)	ERAL SHARE ERAL SHARE (i) and NonFederal share	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT
	City State Zip C Purpose of Disbursement: Activity or Event Identifier: FEDERAL SHARE + NONFED UBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFED OTAL This Period (last page for each line only)(Federal share to 21(a)	Category/ Type ERAL SHARE	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT TOTAL AMOUNT

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

be used by State, District and Local F		nly)		PAGE OF FORM 33
ME OF COMMITTEE (In Full)				<u> </u>
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE OF RECEIPT	<u> </u>	TOTAL AMO	UNT TRANSFERRED
	sustand transmit trac	**************************************	()	
BREAKDOWN OF THIS TRANSFER		OTER REGISTR	ATION	
i) Voter Registration		OTER REGISTR	ATION	
Total Amount Transferred for Voter R	egistration	<u></u>		
ii) Voter ID	 -	V	OTER ID	~~~
Total Amount Transferred for Voter ID	,			
W COTY			GOTV	
iii) GOTV Total Amount Transferred for GOTV			V V V	-
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\		GENERIC CAM	PAIGN ACTIVITY
iv) Generic Campaign Activity	<u> </u>		2212110 071111	V V V V
Total Amount Transferred for Generic	Campaign Activity		<u> </u>	<u> </u>
NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMO	UNT TRANSFERRED
		**************************************	10122 2000	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
BREAKDOWN OF THIS TRANSFER			l	
	\ v	OTER REGISTE	RATION	
 i) Voter Registration Total Amount Transferred for Voter R 	agistration \			
Iolal Amount (hansiered to: Vote) It	agistration		OTER ID	
ii) Voter ID	\	, , , , , , , , , , , , , , , , , , , 	V 0 0 0 0	
Total Amount Transferred for Voter ID	,	<u></u>	<u> </u>	
iii) GOTV			GOTV	
Total Amount Transferred for GOTV.				
in Canada Campaign Activity	\		GENERIC CAM	PAIGN ACTIVITY
iv) Generic Campaign Activity Total Amount Transferred for Generic	Campaign Activity	\	* * * * * * * * * * * * * * * * * * *	
	p.m .g , ,		<u> </u>	-7)*AA
TOTALS FOR BREA	KDOWN OF TRANSFER	RECEIVED (L	ast Page Only)	<u></u>
		\		
TOTAL This Period (Voter Registration)			~~~~	
		```\		
TOTAL This Period (Voter ID)				
TOTAL This Period (GOTV)			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
			·	
TOTAL This Period (Generic Campaign Active	vity)	<u>L</u>	<u> </u>	er a corr
				~ ~ ~ ~ * ~ * \
TOTAL This Period (Total Amount of Transfe	ers Received)			

FEC Schedule H5 (Form 3X) Rev. 02/2003

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SCHEDULE H6 (FEC Form 3X)	
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY	PAGE OF
(To be used by State, District and Local Party Committees Only)	FOR LINE 30a OF FORM 3X
NAME OF COMMITTEE (In Full)	
A. Full Name (Last, First, Middle Initial) Full Organization Name	Activity or Event:
Voter Registra Voter ID	ation GOTV Generic Campaign
	rity or Event Year-To-Date
Purpose of Disbursement Category/ Type Date	
FEDERAL SHARE + LEVIN SHARE = T	OTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	•
Voter Registra Voter ID	ation GOTV Generic Campaign
	rity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement Category/ Type Date	, , , , , , , , , , , , , , , , , , ,
FEDERAL SHARE + LEVIN SHARE = T	OTAL AMOUNT
	7
C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item Type of Allocated Voter Registrative Voter ID Voter ID	<u> </u>
Mailing Address Allocated Activ	vity or Event Year-To-Date
City State Zip Code	
Purpose of Disbursement Category/ Type Date	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page	
FEDERAL SHARE + LEVIN SHARE = \	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))	
FEDERAL SHARE	TOTAL AMOUNT
LEVIN SHARE	
TOTAL This Period for the Levin Share	

FEC Schedule H6 (Form 3X) Rev. 12/2015

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)							
NAME OF ACCOUNT							
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE				
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)						
	(b) Uniternized						
	(c) Total						
2.	OTHER RECEIPTS						
3.	TOTAL RECEIPTS(Add Lines 1c and 2)						
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)						
	(a) Voter Registration						
	(b) Voter ID						
	(c) GOTV	73. ~ 73. ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					
	(d) Generic Campaign						
	(e) Total						
5.	OTHER DISBURSEMENTS						
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	222222222					
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)						
8.	RECEIPTS(from Line 3)						
9.	SUBTOTAL(Add Lines 7 and 8)						
10.	DISBURSEMENTS(From Line 6)						
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)						
		· · · · · · · · · · · · · · · · · · ·					

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A.

Mailing Address

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

NAME OF COMMITTEE (In Full)

PAGE OF Use separate schedule(s) FOR LINE NUMBER: for each category of the Aggregation Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt Amount of Each Receipt this Period

	City	State	Zip Code	
	Name of Employer or Principal Place of Business			Aggregate Year-to-Date
	Occupation			
3.	Full Name (Last, First, Middle Initial) / Full Organization	n Name	☐ Memo Item	Date of Receipt
	Mailing Address	\		Amount of Each Receipt this Period
	City	State	Zip Code	A Thought and Thought and Tollow
	Name of Employer or Principal Place of Business			Aggregate Year-to-Date
	Occupation			
<u> </u>	Full Name (Last, First, Middle Initial) / Full Organization	on Name	Memo Item	Date of Receipt
	Mailing Address			
	City	State	Zip ©ode	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business			
	Occupation			Aggregate Year-to-Date
	Full Name (Last, First, Middle Initial) / Full Organization	on Namo		<u>Luxururu</u>
).	Full Name (Last, First, Middle Initial) / Full Organization	n Name	☐ Memo Item	Date of Receipt
	Mailing Address			\
	City	State	Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business			Aggregate Year-to-Date
	Occupation			1337340
s	SUBTOTAL of Receipts This Page (optional)			
T	OTAL This Period (last page this line number only)			4 22 4 22

Full Na	me (Last, First, Middle Initial) \ F	ull Organization Name	☐ Memo Item	
Α.		an organization (value	□ Meno nem	Date of Disbursement
Mailing	Address			Mym / Doo / Assays
City		State	Zip Code	Amount of Each Disbursement this
Purpos	e of Disbursement			
Full Na B.	me (Last, First, Middle Initial) / F	ull Organization Name	☐ Memo Item	Date of Disbursement
Mailing	Address			MAW \ OLO \ AAAAA
City		State	Zip Code	Amount of Each Disbursement this
Purpos	e of Disbursement			
Full Na	ame (Last, First, Middle Initial) / F	ull Organization Name	☐ Memo Item	Date of Disbursement
Mailing	Address			M~M / 010 / V~~~
City		State	Zip Code	Amount of Each Disbursement this
Purpos	e of Disbursement			72. 172. 172. 172. 172. 172. 172. 172. 1
Full Na	nme (Last, First, Middle Initial) / F	ull Organization Name	☐ Memo Item	Date of Disbursement
 Mailing	Address			MAM (BAB) , LANDA
City		State	Zip Code	Amount of Each Disbursement this
Purpos	e of Disbursement			272-4-272-2-272-2-272-2-272-2-272-2-272-2-272-2-272-2-272-2-272-2-272-2-272-2-272-2-272-2-272-2-272-2-272-2-272-
Full Na E.	ame (Last, First, Middle Initial) / F	ull Organization Name	│ Memo Item	Date of Disbursement
 Mailing	Address			
City		State	Zip Code	Amount of Each Disbursement this

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE L-B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full)

Purpose of Disbursement

OF LEVIN FUNDS

FEC Schedule L-B (Form 3X) Rev. 12/2015

OF

4c

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FOR LINE NUMBER: PAGE

4a

(check only one)

Use separate schedule(s)

for each category of the

Aggregation Page

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.					
Hand Delivered	Date of Receipt				
Postmarked USPS First Class Mail	Date of Receipt				
USPS Registered/Certified	Postmarked (R/C) 4/16/16				
USPS Priority Mail	Postmárked				
USPS Priority Mail Express	Postmarked				
Postmark Illegible					
No Postmark	· · · · · · · · · · · · · · · · · · ·				
Overnight Delivery Service (Specify):	Shipping Date				
	Next Business Day Delivery				
Received from House Records & Registrati	Date of Receipt on Office				
Received from Senate Public Records Office	Date of Receipt e				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Date of Receipt or Postmarked				
PREPARER	4/19/16 DATE PREPARED				
(3/2015)					